



# Completing the Management Plan

for Sponsors of Affiliated Centers (S), Afterschool Meals Program Sponsors (A), and Homeless Children Nutrition Program Sponsors (H)

# The Management Plan

Florida Department of Health  
Child Care Food Program  
**MANAGEMENT PLAN**  
(For Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)

Authorization Number:  Sponsoring Organization Name:

List the Florida address(es) where CCFP Records will be maintained:

\*\*\* The green areas require your input. The yellow areas will auto-populate based on the information you provide in the green areas.

### 1. Required Administrative Duties

Instructions: List all employees who perform each of the following required administrative duties. Each duty must be completed by at least one staff member, however you may list more than one employee if multiple employees complete the duty. List all employees necessary for the job duties completed by multiple employees. Ensure that the Program Manager is listed for the duties he/she performs.

| Job Duty                              | Employee Name | Job Duty                                     | Employee Name |
|---------------------------------------|---------------|--|---------------|
| Administrative Oversight              |               | Training                                     |               |
| Bookkeeping                           |               | Financial Management                         |               |
| Checking and Approving Menus          |               | Monitoring                                   |               |
| Compiling Claim Data                  |               | Technical Assistance                         |               |
| Checking and Filing Claims            |               | Classify Free and Reduced Meal Apps (S Only) |               |
| Determining Site Eligibility (A Only) |               | Maintaining Enrollment Roster (S Only)       |               |

### 2. Allowable Administrative Salaries/Benefits and Cost Allocation

Instructions: Complete columns A-G for each employee listed above. All employees listed in #1 must be listed in this table and all employees listed in this table must be listed in #1. Please note that the number of hours listed in column E can be reduced to reflect the actual number of annual hours worked by each employee, however this number may not exceed 2,080 which is the maximum number of annual hours for a full time position.

Column H will calculate the allowable amounts of salaries and benefits that can be charged to CCFP funds based on each employee's percentage of time worked on the CCFP. The total administrative costs charged to the CCFP cannot exceed 15% of projected or actual meal reimbursements.

Columns I and J document the allocation of the total allowable costs for annual salary and benefits. Complete column I by inputting the portion of the total allowable salary and benefit amount for each employee that will be paid with CCFP funds. The amount in column I cannot be more than the amount listed in column H. The total amount listed in column I cannot exceed the 15% sponsor administrative cap listed on the PEW, and must match the amount listed on the budget for administrative salaries and benefits in the CCFP Funds column. The difference between the total allowable salary and benefits (H) and the amount to be charged (I) is calculated in column J. The total calculated at the bottom of column J must match the amount listed on the budget for administrative salaries and benefits in the Other Funds column.

| (A)           | (B)            | (C)                           | (D)                                 | (E)                                    | (F)                 | (G)   | (H)  | (I)  | (J)   |
|---------------|----------------|-------------------------------|-------------------------------------|--|---------------------|---|--|--|---|
| Employee Name | Position Title | Hours per Month Spent on CCFP | # of CCFP Operating Months per Year | Total Annual Hours Worked for Employer | Total Annual Salary | Annual Insurance & Other Benefit Costs Paid by Employer | Total Annual Salary & Benefits Allowable to Charge to CCFP | Projected Amount to be Charged to the CCFP | Amount to be Charged to Other Funds (Column H minus Column I) |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |                |                               |                                     |  |                     |   | <b>TOTAL</b>   | <b>CCFP Funds</b>                          | <b>Other Funds</b>  |
|               |                |                               |                                     |  |                     |   | \$ -   | \$ -                                       | \$ -  |

Note: Transfer the columns I and J totals to the applicable columns on the Administrative Salaries & Benefits row of the Budget. ->

## Completing the Management Plan

- The Management Plan is an Excel spreadsheet. You will complete the information in the green fields. The yellow fields will either autofill or auto-calculate based on the information you provide in the green fields.

| <b>Florida Department of Health</b><br><b>Child Care Food Program</b><br><b>MANAGEMENT PLAN</b><br>(For Sponsors of Affiliated Child Care Centers, Afterschool Meals Programs, and Homeless Children Nutrition Programs)   |   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
|--|---|---------------|--------------------------|---------------------------|-------------|-------------------------|------------------------------|--|----------------------|-------------------------------------|----------------------------|-------------------------|---------------------------------------|-----|---|----------|---------------|----------|-----------------------------|----------------------|------------------------|------------|--|----------------------|---|--|---|--|---|
| Authorization Number:  | S-1234  |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Sponsoring Organization Name:  | City of Pawnee Parks and Recreation   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| List the Florida address(s) where CCFP Records will be maintained:   | 123 Lil Sebastian lane Pawnee, FL 55555   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| <b>*** The green areas require your input. The yellow areas will auto-populate based on the information you provide in the green areas.</b>  |   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| <b>1. Required Administrative Duties</b>   |   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| <b>Instructions:</b> List all employees who perform each of the following required administrative duties. Each duty must be completed by <b>at least</b> one staff member, however you may list more than one employee if multiple employees complete the duty. List all employees necessary for the job duties completed by multiple employees. Ensure that the Program Manager is listed for the duties he/she performs.   |   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Job Duty</th> <th style="width: 70%;">Employee Name</th> </tr> </thead> <tbody> <tr> <td>Administrative Oversight</td> <td>Ron Swanson, Leslie Knope</td> </tr> <tr> <td>Bookkeeping</td> <td>Ben Wyatt, Leslie Knope</td> </tr> <tr> <td>Checking and Approving Menus</td> <td>Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich</td> </tr> <tr> <td>Compiling Claim Data</td> <td>Leslie Knope, Ben Wyatt, Andy Dwyer</td> </tr> <tr> <td>Checking and Filing Claims</td> <td>Ben Wyatt, Leslie Knope</td> </tr> <tr> <td>Determining Site Eligibility (A Only)</td> <td>N/A</td> </tr> </tbody> </table> | Job Duty  | Employee Name | Administrative Oversight | Ron Swanson, Leslie Knope | Bookkeeping | Ben Wyatt, Leslie Knope | Checking and Approving Menus | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich | Compiling Claim Data | Leslie Knope, Ben Wyatt, Andy Dwyer | Checking and Filing Claims | Ben Wyatt, Leslie Knope | Determining Site Eligibility (A Only) | N/A | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Job Duty</th> <th style="width: 70%;">Employee Name</th> </tr> </thead> <tbody> <tr> <td>Training</td> <td>Tom Haverford, Leslie Knope</td> </tr> <tr> <td>Financial Management</td> <td>Ben Wyatt, Ron Swanson</td> </tr> <tr> <td>Monitoring</td> <td>Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich</td> </tr> <tr> <td>Technical Assistance</td> <td>Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford</td> </tr> <tr> <td>Classify Free and Reduced Meal Apps (S Only)</td> <td>Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford</td> </tr> <tr> <td>Maintaining Enrollment Roster (S Only)</td> <td>Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford</td> </tr> </tbody> </table> | Job Duty | Employee Name | Training | Tom Haverford, Leslie Knope | Financial Management | Ben Wyatt, Ron Swanson | Monitoring | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich | Technical Assistance | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford | Classify Free and Reduced Meal Apps (S Only) | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford | Maintaining Enrollment Roster (S Only) | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford |
| Job Duty   | Employee Name   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Administrative Oversight   | Ron Swanson, Leslie Knope   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Bookkeeping  | Ben Wyatt, Leslie Knope   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Checking and Approving Menus   | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich                            |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Compiling Claim Data   | Leslie Knope, Ben Wyatt, Andy Dwyer   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Checking and Filing Claims   | Ben Wyatt, Leslie Knope   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Determining Site Eligibility (A Only)  | N/A   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Job Duty   | Employee Name   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Training   | Tom Haverford, Leslie Knope   |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Financial Management   | Ben Wyatt, Ron Swanson  |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Monitoring   | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich                            |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Technical Assistance   | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Classify Free and Reduced Meal Apps (S Only)   | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |
| Maintaining Enrollment Roster (S Only)   | Leslie Knope, Donna Meagle, April Ludgate, Jerry Gergich, Andy Dwyer, Tom Haverford |               |                          |                           |             |                         |                              |  |                      |                                     |                            |                         |                                       |     |   |          |               |          |                             |                      |                        |            |  |                      |   |  |   |  |   |

- You must input your authorization number, organization name, and list the Florida address(s) where CCFP Records will be maintained at the top.
- In section 1, provide a complete list of staff who will be responsible for each required administrative duty. If the administrative duty is not applicable for your contractor type (S, A, or H), you can type N/A in the field or leave it blank, however you must identify at least one person responsible for the other duties.

## Administrative Salaries/Benefits Table

- In #2, complete columns A-E for each employee listed in #1.
- In column C, the maximum number of hours per month is 173.33. This cannot include overtime hours.
- The number of operating months must be entered in column D.
- Column E can be reduced for employees working less than 2,080 hours. 2,080 is the maximum number of annual hours for a full-time position.

Columns I and J document the allocation of the total allowable costs for annual salary and benefits. Complete column I by inputting the portion of the total allowable salary and benefit amount for each employee that will be paid with CCFP funds. The amount in column I cannot be more than the amount listed in column H. The total amount listed in column I cannot exceed the 15% sponsor administrative cap listed on the PEW, and must match the amount listed on the budget for administrative salaries and benefits in the CCFP Funds column. The difference between the total allowable salary and benefits (H) and the amount to be charged (I) is calculated in column J. The total calculated at the bottom of column J must match the amount listed on the budget for administrative salaries and benefits in the Other Funds column.

| (A)           | (B)   | (C)                           | (D)                                 | (E)                                    | (F)                 | (G)   | (H)  | (I)  | (J)   |
|---------------|---|-------------------------------|-------------------------------------|--|---------------------|---|--|--|---|
| Employee Name | Position Title                              | Hours per Month Spent on CCFP | # of CCFP Operating Months per Year | Total Annual Hours Worked for Employer | Total Annual Salary | Annual Insurance & Other Benefit Costs Paid by Employer | Total Annual Salary & Benefits Allowable to Charge to CCFP | Projected Amount to be Charged to the CCFP | Amount to be Charged to Other Funds (Column H minus Column I) |
| Ron Swanson   | Parks and Rec Director                      | 17                            | 10                                  | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
| Ben Wyatt     | Parks and Rec Financial Manager             | 87                            | 10                                  | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
| Tom Haverford | Parks and Rec Training Manager              | 35                            | 10                                  | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
| Leslie Knope  | CCFP Program Manager                        | 173.3                         | 10                                  | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
| Donna Meagle  | CCFP Program Monitor                        | 173.3                         | 10                                  | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
| April Ludgate | CCFP Program Monitor                        | 173.3                         | 10                                  | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
| Jerry Gergich | CCFP Program Monitor                        | 173.3                         | 10                                  | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
| Andy Dwyer    | Parks and Recreation Administrative Support | 52                            | 10                                  | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |   | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |   | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |
|               |   | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -  |

# Administrative Salaries/Benefits Table Continued

- Complete columns F-G for the employees listed **only if you are charging their salaries and/or benefits to the CCFP**.
- Column H will calculate the allowable amounts of salaries and benefits that can be charged to CCFP funds based on each employee's percentage of time worked on the CCFP.
- The total administrative costs in column H charged to the CCFP cannot exceed the Sponsor Administrative Cap.

| (A)   | (B)                                  | (C)                           | (D)                                 | (E)                                    | (F)                 | (G)   | (H)  | (I)  | (J)  |
|---|--------------------------------------|-------------------------------|-------------------------------------|--|---------------------|---|--|--|--|
| Employee Name   | Position Title                       | Hours per Month Spent on CCFP | # of CCFP Operating Months per Year | Total Annual Hours Worked for Employer | Total Annual Salary | Annual Insurance & Other Benefit Costs Paid by Employer | Total Annual Salary & Benefits Allowable to Charge to CCFP | Projected Amount to be Charged to the CCFP | Amount to be Charged to Other Funds<br>(Column H minus Column I) |
| Ron Swanson   | Parks and Rec Director               | 17                            | 10                                  | 2080                                   | \$ 63,000           | \$ 7,000  | \$ 5,721   | 0  | \$ 5,721   |
| Ben Wyatt   | Parks and Rec Financial Manager      | 35                            | 10                                  | 2080                                   | \$ 55,000           | \$ 5,000  | \$ 10,096  | \$ -                                       | \$ 10,096  |
| Tom Haverford   | Parks and Rec Training Manager       | 25                            | 10                                  | 2080                                   | \$ 45,000           | \$ 5,000  | \$ 6,010   | \$ -                                       | \$ 6,010   |
| Leslie Knope  | CCFP Program Manager                 | 173.3                         | 10                                  | 2080                                   | \$ 45,000           | \$ 5,000  | \$ 41,659  | \$ -                                       | \$ 41,659  |
| Donna Meagle  | CCFP Program Monitor                 | 173.3                         | 10                                  | 2080                                   | \$ 37,000           | \$ 3,000  | \$ 33,327  | \$ -                                       | \$ 33,327  |
| April Ludgate   | CCFP Program Monitor                 | 173.3                         | 10                                  | 2080                                   | \$ 37,000           | \$ 3,000  | \$ 33,327  | \$ -                                       | \$ 33,327  |
| Jerry Gergich   | CCFP Program Monitor                 | 173.3                         | 10                                  | 2080                                   | \$ 37,000           | \$ 3,000  | \$ 33,327  | \$ -                                       | \$ 33,327  |
| Andy Dwyer  | Parks and Rec Administrative Support | 52                            | 10                                  | 2080                                   | \$ 29,000           | \$ 1,000  | \$ 7,500   | \$ -                                       | \$ 7,500   |
|   |                                      | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -   |
|   |                                      | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -   |
|   |                                      | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -   |
|   |                                      | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -   |
|   |                                      | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -   |
|   |                                      | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -   |
|   |                                      | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -   |
|   |                                      | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -   |
|   |                                      | 0                             | 0                                   | 2080                                   | \$ -                | \$ -  | \$ -   | \$ -                                       | \$ -   |
| Note: Transfer the columns I and J totals to the applicable columns on the Administrative Salaries & Benefits row of the Budget. -> |                                      |                               |                                     |  |                     |   | <b>TOTAL</b><br>\$ 170,966                                 | <b>CCFP Funds</b><br>\$ -                  | <b>Other Funds</b><br>\$ 170,966                                 |

# Administrative Salaries/Benefits Table Continued

You must document how you plan to allocate the total allowable costs for annual salaries and benefits. In its entirety, table #2 provides an accurate methodology to determine the total administrative labor costs for CCFP and to allocate this cost between CCFP funds and other funding sources.

## Why allocate salary costs?

- A sponsoring organization must be able to cover the costs of administering the program to meet the financial viability requirements of the CCFP federal regulations. Column H calculates the projected cost of administrative labor based on the percentage of time worked on the CCFP by each employee.
- The total cost may exceed the amount of your organization's administrative cap, or your organization may be paying for its administrative salaries with other funding sources. The amounts and sources of other funds used for CCFP administrative labor costs must be disclosed and reflected on the budget.

## Column I

- Cannot be more than the amount in column H.

## Column J

- Calculates the difference between column H and column I.

Transfer the columns I and J totals to the applicable columns on the Administrative Salaries and Benefits row of the Budget

| (F)                                       | (G)   | (H)  | (I)  | (J)  |
|---|---|--|--|--|
| Total Annual Salary                       | Annual Insurance & Other Benefit Costs Paid by Employer | Total Annual Salary & Benefits Allowable to Charge to CCFP | Projected Amount to be Charged to the CCFP | Amount to be Charged to Other Funds<br>(Column H minus Column I) |
| \$ 63,000                                 | \$ 7,000  | \$ 5,721   | \$ 1,036                                   | \$ 4,685   |
| \$ 55,000                                 | \$ 5,000  | \$ 10,096  | \$ 5,411                                   | \$ 4,685   |
| \$ 45,000                                 | \$ 5,000  | \$ 6,010   | \$ 1,325                                   | \$ 4,685   |
| \$ 45,000                                 | \$ 5,000  | \$ 41,659  | \$ 36,974                                  | \$ 4,685   |
| \$ 37,000                                 | \$ 3,000  | \$ 33,327  | \$ 28,642                                  | \$ 4,685   |
| \$ 37,000                                 | \$ 3,000  | \$ 33,327  | \$ 28,642                                  | \$ 4,685   |
| \$ 37,000                                 | \$ 3,000  | \$ 33,327  | \$ 28,643                                  | \$ 4,684   |
| \$ 29,000                                 | \$ 1,000  | \$ 7,500   | \$ 2,816                                   | \$ 4,684   |
| \$ -                                      | \$ -  | \$ -   | \$ -                                       | \$ -   |
| \$ -                                      | \$ -  | \$ -   | \$ -                                       | \$ -   |
| \$ -                                      | \$ -  | \$ -   | \$ -                                       | \$ -   |
| \$ -                                      | \$ -  | \$ -   | \$ -                                       | \$ -   |
| \$ -                                      | \$ -  | \$ -   | \$ -                                       | \$ -   |
| \$ -                                      | \$ -  | \$ -   | \$ -                                       | \$ -   |
| \$ -                                      | \$ -  | \$ -   | \$ -                                       | \$ -   |
|   |   | <u>TOTAL</u>   | <u>CCFP Funds</u>                          | <u>Other Funds</u>   |
| Salaries & Benefits row of the Budget. -> |   | \$ 170,966   | \$ 133,489                                 | \$ 37,477  |



# Management Plan- Monitoring Requirements

#3-5 document that your organization meets monitoring requirements for each of your sites.

- All sponsors must complete #3 and #4
- Only complete #5 if the number of sites listed in #4 is greater than 25.
- In #5, complete columns A-D for each employee who performs monitoring activities.
- The activities listed in column B must be specific. See the instructions for examples.
- The totals in column D must match the amounts listed in table 2, column C for each employee.
- The number of Full Time Employees performing monitoring activities is calculated in column E. This number must meet the monitoring ratio of one FTE for 25-150 sites.

| 4. How many sites do you currently sponsor? <input type="text" value="50"/>   |  |   |   |  |
|---|--|---|---|--|
| 5. MONITORING STAFF - Complete this section only if your organization sponsors 25, or more sites or if you anticipate sponsoring 25 or more sites during this fiscal year.  |  |   |   |  |
| In column A below, list all employees who perform monitoring activities, and describe the specific activities each employee performs in column B. Monitoring activities include, but are not limited to, conducting on-site reviews, planning the review schedule, travel for reviews, supervisory oversight of monitors, writing review reports, follow-up reviews, pre-approval visits, household contacts, technical assistance, and desk reviews of claim documentation. For each employee listed, indicate the number of hours per month spent on monitoring in column C, and the total monthly hours spent on the CCFP in column D (refer back to table 2, column C). The percentage of each employee's monitoring time will auto-calculate in column E, and the total number of FTEs performing monitoring activities will be calculated in the bottom row. Please Note: Monitoring ratios for sponsors must equal at least one FTE (2080 hours/year or 173.33 hours/month) for 25 to 150 sites. |  |   |   |  |
| A.  | B.   | C.  | D.  | E.                                       |
| Employee Name   | Description of Monitoring Activities   | # of Hours per Month Spent on Monitoring* | Total Hours per Month Spent on CCFP<br>(should be the same number of hours listed in table 2, column C) | % of Monthly CCFP Hours Spent Monitoring |
| Leslie Knope  | Supervisory oversight of monitors, planning the review schedule, conducting on site reviews, desk reviews of claim documentation | 70  | 173.33  | 40.39%                                   |
| Donna Meagle  | Conducting on site reviews, writing review reports, follow-up reviews, preapproval visits, technical assistance                  | 130                                       | 173.33  | 75.00%                                   |
| April Ludgate   | Conducting on site reviews, writing review reports, follow-up reviews, preapproval visits, technical assistance                  | 130                                       | 173.33  | 75.00%                                   |
| Jerry Gergich   | Conducting on site reviews, writing review reports, follow-up reviews, preapproval visits, technical assistance                  | 130                                       | 173.33  | 75.00%                                   |
| Andy Dwyer  | desk reviews of claim documentation  | 26  | 52  | 50.00%                                   |
|   |  | <b>TOTAL =</b>                            | <b>Number of FTEs =</b>   | <b>2.80</b>                              |
| * Sponsors with twenty-five (25) or more sites are required to employ at least one full time equivalent (FTE) monitor per 25-150 sites. However, to ensure adequate monitoring, there should be approximately one FTE monitor for not more than 85 sites. An FTE equals one staff year (2080 hours) or a staff month (173.33 hours) and could be one full time staff person who monitors full time; two half time staff who spend all of their time monitoring; two full time staff who spend half of their time monitoring; three full time staff, one of whom monitors 40% of the time, with the other two each spending 30% of their time monitoring, etc.   |  |   |   |  |

## Management Plan - Final Steps

6. The sponsor completes training on all required topics at least once a year.

YES

☒

NO

☐

### Required Training Topics

- Menu Planning & Meal Pattern Requirements
  - Meal Count Procedures
- Claim Review & Submission Procedures
- Reimbursement System
- Civil Rights Requirements

### Recommended Training Topics

- Food Safety & Sanitation
- Nutrition Education

\*\*\* Note: A sign-in sheet and agenda must be maintained for each training session.

7. The sponsor REVIEWS ALL CCFP RECORDS for accuracy and compliance.

YES

☒

NO

☐

**I certify that all information on the Management Plan is true and correct.**

Signature of Authorized Employee

Date

8/1/2019

Printed Name

Leslie Knope

Title

CCFP Program Manager

- Complete #6-7 to certify compliance with training and record-keeping requirements.
- Print your name, title, and date.
- A handwritten signature is not necessary for renewing contractors.
- Prospective contractors need to follow guidance in the application packet regarding the submission of this workbook.
- Save a completed copy on your computer using the “save as” function where you can easily locate it. Printing a copy for your use when filling out the budget will be helpful.